

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americans For Concrete Solutions		FEC IDENTIFICATION NUMBER ▼ C C00607853	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Majority Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2016		
Mailing Address 12854 Kenan Dr. Ste. 145			Amount 39075.47		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : SE.4147		
Purpose of Expenditure Advertising - Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 29 / 2016		
Name of Federal Candidate WILLIAM BEAGLE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 39075.47			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2106 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Majority Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 05 / 2016		
Mailing Address 12854 Kenan Dr. Ste. 145			Amount 8255.75		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : SE.4148		
Purpose of Expenditure Advertising - Digital		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 29 / 2016		
Name of Federal Candidate TIMOTHY DERICKSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 31503.67			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2106 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	47331.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

D. Eric Lycan

[Electronically Filed]

Date

MM / DD / YYYY
03 / 05 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Majority Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016		
Mailing Address 12854 Kenan Dr. Ste. 145			Amount 15433.60		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : SE.4149		
Purpose of Expenditure Advertising - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2016		
Name of Federal Candidate WILLIAM BEAGLE			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 08 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Majority Strategies, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 04 / 2016		
Mailing Address 12854 Kenan Dr. Ste. 145			Amount 4754.37		
City Jacksonville	State FL	Zip Code 32258	Transaction ID : SE.4150		
Purpose of Expenditure Advertising - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 03 / 2016		
Name of Federal Candidate TIMOTHY DERICKSON			<input type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 08 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20187.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	67519.19

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

D. Eric Lycan

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